

FILED AUG 29 1941  
Registration District No. 26

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Audrain  
(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: General Hospital Mexico Mo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution two weeks  
(Specify whether  
In this community 60 years  
years, months or days)

3. (a) PRINT FULL NAME MARSHALL WILLIAM PHILLIPS

3. (b) If veteran, name war ✓ 3. (c) Social Security No. no

4. Sex M. O 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife EDITH HORTENSE 6. (c) Age of husband or wife if alive 3 years  
7. Birth date of deceased Oct 3 1872  
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 21 If less than one day  
hr. min.

9. Birthplace PRICES BRANCH MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ✓

12. Name WILLIAM PHILLIPS  
13. Birthplace England  
(City, town, or county) (State or foreign country)

14. Maiden name MARIEVA MORRIS  
15. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie M. McGeorge  
(b) Address Middleton Mo

17. (a) Burial (b) Date thereof July 26 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middleton Mo  
FW Kuhn

18. (a) Signature of funeral director wellsville mo  
(b) Address wellsville mo

19. (a) July 28 1941 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain  
(c) City or town Ladonia  
(If outside city or town limits, write "RURAL")  
(d) Street No. - (If rural, give location) 0  
(e) Citizen of foreign country? - No (Yes or No)  
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24  
year 1941 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 11 1941 to July 24 1941  
that I last saw him alive on July 24 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration 1 yr

Due to Arteriosclerotic kidney

Due to Advanced age

Other conditions 1316  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations -  
Of autopsy -

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury ✓

23. Signature R. B. Baize (M. D. or other) DO  
Address Ladonia Mo Date signed 7-25-41

RECEIVED

District Health Officer No. 10

District File Number 8-41-1540

Date Filed AUG 20 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Clifford C. Kuhn  
Licensed Embalmer No. 3059

P. O. Address Wellsville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply  
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27698  
Registrar's No. 120

Registration District No. 26

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Andrain  
(b) City or town medina  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: General Hospital Medina Mo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 weeks  
In this community 60 yrs 2 weeks  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Marshall H. Phillips

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 10 If less than one day \_\_\_\_\_ min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) July 25-41 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Andrain  
(c) City or town Ladonia  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 26 year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. (Immediate cause of death) \_\_\_\_\_ Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? (City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

Sheet 6

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July 25, 1896